

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

		(More: II								1 255 Part 10 10 10 10 10 10 10 10 10 10 10 10 10
Filer Identification Number		2-0978270	Repor	rt Filed B k X)	y Can	didat	e	Committee		Labbyist
Name of Filing Commit Lobbyist	itee, Can	didate or	The Co	mmittee t	o Elect Den	ise M.	Buell For District N	Magistrate Judge	e	
Street Address			436 Du	iane Stree	t					
City	Corry				Sta	te	PA	Zip Code	16407	
Type of Report (Place x	under re	eport type)								
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>n</sup> Pre-Primary Pre-P		3- 30 Day Post Primary	4- 6 <sup>th</sup> Pre- E	Tuesday lection	5- 2 <sup>nd</sup> Fri Pre- Elec	1.3477533271	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
			N. D. C. ALES			16) 41 F			X	
Date Of Election (MM/DD/YYYY)		11/7/17	Year	THE TOWN	2017		Amendment Report	1	Termination Report	
Summary of Receipts Expenditures	and	From Date	Y. J.	To Date	e 🎋			For	Office Use Only	
		6/2/17		1	10/23/17					
A. Amount Brought Fo	e in a di	OCKE CONTRACTOR			581.95				Sol	297
B. Total Monetary Co. (From Schedule I)		ns and Receipt			1075.37		HOCT 25			
(Sum of Lines A and B	C. Total Funds Available (Sum of Lines A and B)		\$		1657.32		EGIS POLICE			
D. Total Expenditures (From Schedule III)			998.67		OUNTY ISTRATION					
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 658.65							
F. Value of In-Kind Co (From Schedule II)				\$ 587.50				<b>+</b> 22 ±.	ω.	
G. Unpaid Debts and (From Schedule IV)	Obligatio	ins E	\$ 160.00							
Part 1- If this is a Commi		t traceurar clan	horo If	this is a Cs		avit Se			<u> </u>	<u></u>
I swear (or affirm) that t	his report,	including the att	ached s	chedules o	on paper, is	to the	best of my knowle	edge and belief	true, correct and comp	olete.
Sworn to and subscribed day of OC	TOB	ER20 1	) — NIA	` <b>}</b> _		_ <u>_</u>	Signatur Robert Davis	e of Person Sub		
Sign	TARIAL I	BEAL.	.		_			Printed Na	me 1-2237	
Janet E. Gurdak, Notary Public My Commission Chry Corry, Erio County My Commission Express Juny 5, 2018 YR					716 Area Code		Daytime Telephone Number		nber	
MEMBER, PENNSYLV Part II- If this is a report	of a Cand	idato's Authorize	d Comr	nittee. car	ndidate sha	ll sign	here.			
I swear (or affirm) that the amended.	to the best	of my knowledg	e and b	elief this p	olitical com	mitte	e has not violated a	any provisions o	of the Act of June 3, 193	37 (P.L. 1333, NO.320) as
Signa Jan My Commission expire My Coi	WEXETH atura OTAL et E. Guro jity of Cor mmission	20 PENNS Y RIAL SEAL lak, Notary Publicy, Erie County Expires July 982	C 2018		٠	_	Denise M. Buell  814  Area Code			nber
MEMBER, PEN	NSYLVANIA	ASSOCIATION OF	NOTAR	Ē\$ 					-,	



## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

<u> </u>		(Note: II					l legible. It slio		_	of the side of the side	1991-2-1992-1992-19-1-1
Filer Identification Number	EIN 82-0978270		Report Filed By Candid ( Mark X)			ndida	te	Commit	tee		Lobbyist
Name of Filing Committee, Candidate or The Committee to Ele					o Elect De	enise M	. Buell For District	Magistrate	Judge		
Street Address 436 Duane Street											
<b>City</b>	Corry	84 - 1944			St	ate	PA	Zip Cod	e	16407	
Type of Report (Place	x under r	eport type)					•				
1-6 <sup>th</sup> Tuesday 2-2			4-6 <sup>tl</sup>	Tuesday	5- 2 <sup>nd</sup> F	riday	6-30 Day Post	7-Annı	ıal	Special 2 <sup>nd</sup> Friday	Special 30 Day
		Primary 🛊		Election	Pre- Eli	ection	Election		5	Pre-Election	Post-Election
							Proceedings of the State			X	
Date Of Election (MM/DD/YYYY)		11/7/17	Yea	10 (13) 12 (13) 13 (13)	201	⊒ .7	Amendment Report			Termination Report	
Summary of Receipts	and	From Date		To Dat					For	Office Use Only	
Expenditures		6/2/17	rija <u>Pi</u>	100000000000000000000000000000000000000	0/23/17	- 0.00000000000000000000000000000000000					
A. Amount Brought:	orward F	L	t	\$	581.95		Samuran vitt Veringen Amerikan	14(17)(2) (14(18)) (h		SANCE THE THE PROPERTY OF LONG ASSESSMENT	Mark Company of the C
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipt	S	\$	1075.37						
C. Total Funds Availa (Sum of Lines A and				\$	1657.32		1				
D. Total Expenditure (From Schedule III)	Act and the second		\$ 998.67						-		
E. Ending Cash Balan	E-Ending Cash Balance (Subtract Line D from Line C)			\$ 658.65							
F. Value of In-Kind C (From Schedule II)	1. 1.00 /11.072	ons Received	\$ 587.50		_						
G. Unpaid Debts and (From Schedule IV)	l Obligati	ons		\$	160.00			_			
			L 1	Cultura Co		idavit S					
Part 1- If this is a Comm	this report	ort, treasurer sign t, including the at	nere. I	schedules	on paper,	is to the	e best of my knowl	edge and b	elief t	rue, correct and compl	ete.
Sworn to and subscribe		ne this  L 20 / 7  PENNSYLV		.		-	Wend	n 5	Subs	mitting report	<del></del>
Janet	E. Gurdak.	Notary Public		• •		:	214		799	-5766	
My Commission expires of Corry, Eric County  My Commission Expires July 5, 2018  MEMBER, PENNSYLVANIA ASSOCIATION OF NO							Area Code		Da	ytime Telephone Num	ber
Part II. If this is a renor	t of a Canc	lidate's Authorize	d Com	mittee, car	ididate sh	all sign	here.			1h - A	7 (D.L. 1222 NO 220)
I swear (or affirm) that amended.	to the bes	st of my knowledg	e and	oelief this p	olitical co	mmitte	e has not violated	any provisio	ons of	the Act of June 3, 193	/ (۲.L. 1333, NU.320) i
My Commission expire	C TOE	SER <sub>20</sub> / 7 PENNSYLVAN EAL Diary Public			,		Denise M. Buell  814  Area Code	Signature of Printed	Name 881-	didate  0437  ytime Telephone Numb	per
MEMBER, PENNSYLV			IES								

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number EIN 82-0978270	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	1)   \$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	440.00
Total for the reporting period (2	2) \$	440.00
3. Contributions Over \$250.00 (From Part C and Part D)	30.0	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	500.00
Total for the reporting period (3	3) \$	500.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	(4) \$	135.37
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

				Amount
Full Name of Contribu	uting		Date [MM/DD/YYYY] \$	
Committee	N/A			30 · 1
House #	Street Address		Date [MM/DD/YYYY] S	1
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	) state	Lip code	Care Wilking Co. Little 2	
Full Name of Contribu		Next Confidence	Date [MM/DD/YYYY] \$	
Committee			finantianting	1
DANGE # 1	SHESWAJULIE		Bas falls to the control of	<u>.</u>
House #	Street Address		Date [MM/DD/YYYY] \$	A Section of the sect
		<u> </u>	N	<del></del>
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
	Expression and		\$200 kg	-
Full Name of Contrib Committee	uting		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	2. t
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			N. S.	
Full Name of Contrib	uting		Date [MM/DD/YYYY] \$	
Committee				h-1
House #	Street Address		Date [MM/DD/YYYY] \$	
				MATERIAL STATES
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			рек до том у 1992 г. п. 1997 г., 200 (Сус. Суст Суст	
Full Name of Contrib	uting	gungersoner i der state (1944)	Date [MM/DD/YYYY] \$	
Committee			The second second of the second secon	
House #	Street Address		Date [MM/DD/YYYY] \$	
	Street Address		Sare framman to the (2)	100 mm
Table: 1	と学問され、「選別議員の主要のテルド	能够之 海空经 八十二十		22 42 43 44 44 44
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name	uting	Control of the contro	SPECIFICAL PROPERTY.	
Full Name of Contrib Committee	MAILE		Date [MM/DD/YYYY] \$	
House #	Street Address		Data INAMANS ASSOCIA	E
	Ser See Address		Date [MM/DD/YYYY] \$	
CONTROL OF THE CONTRO	Date:	Y /	district the state of the state	A CONTRACTOR OF THE PROPERTY O
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				:

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: EIN 82-0978270		

Full Name of Contributor			Date [MM/DD/YYYY]	\$
	ah Menjivar		8/29/17	180.00
House # Street Add	<b>Iress</b> Gould Street		Date [MM/DD/YYYY]	<b>\$</b>
<b>City</b> Corry	State PA	Zip Code 16407	Date [MM/DD/YYYY]	\$
Full Name of Contributor	W W W W W W W W W W W W W W W W W W W		Date [MM/DD/YYYY]	\$
Judy W	/eaver		9/8/17	200.00
House# Street Add	fress Drobneck Road		Date [MM/DD/YYYY]	\$
<b>City</b> Corry	State PA	<b>Zip Code</b> 16407	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
	Buell (Loan to committee)	}	9/26/17	60.00
House # Street Add	iress Hillcrest Drive		Date [MM/DD/YYYY]	
City:	State	Zip Code	Part Part Part Annual	A .
Corry	PA	16407	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House# Street Add			Date [MM/DD/YYYY]	\$
City	State	Zip Code	_Date [MM/DD/YYYY]	\$
Full Name of Contributor		100	Date [MM/DD/YYYY]	\$
House# Street Add	lrėss		Date [MM/DD/YYYY]	<b>\$</b>
City"	State	Zip Code		<u>\$</u>
Eull Name of Contributor				\$ \$
House# Street Add		No	Date [MM/DD/YYYY]	\$
City	State	Zip Code		
1.00 mg	State	zip code	Date [MM/DD/YYYY]	\$

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: EIN 82-0978270			
Full Name of Contributing Committee N/A		Date [MM/DD/YYYY]	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			
Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	The second secon	Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City :	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Committee		Date [MM/DD/YYYY] \$	
House:# Street Address		Date [MM/DD/YYYY] \$	
City 3	State Zip Code	Date [MM/DD/YYYY] \$	·
Full Name of (		Date [MM/DD/YYYY] \$	
Contributing Committee		Date [MM/DD/YYYY] \$	
g) j	State Zip Code		
Full Name of	State Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address	— <del>———</del>	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
	State Zip Code	Date [MIM/DD/YYYY] S	<u> </u>

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:		

Market 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<del></del>	The Company of the Co	\$2 <b>*</b> (8)
Full Name of Contributor	_ <del>_</del>		Date [MM/DD/YYYY]	\$ 500.00
Eric Buell			10/16/17	500.00
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
	ooper Drive			
		The second of th		
City Sebring	State FL	Zip/Code 33872	Date [MM/DD/YYYY]	<b></b>
	lone		Occupation Retired from G	3E
Employer Mailing Address / Principal Place of Business	1/A			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
N/A				
House # Street Address			Date [MM/DD/YYYY]	<b>S</b> .
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	157 190-22 1964(李清)(明]227	Composition (Co., 1972)	Occupation	·
Employer Mailing Address /			The state of the s	<del></del>
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	
City.	State	Zip Code	Date [MM/DD/YYYY]	Ġ.
		1		
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			to an entite	
Full Name of Contributor			Date [MM/DD/YYYY]	
			T 2000 €	
House # Street Address		, <u>, , , , , , , , , , , , , , , , , , </u>	Date [MM/DD/YYYY]	<b>\$</b>
			The state of the s	
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

### PART E

### **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	EIN 82-097820			experiences that were returned to the men
	<u> </u>			
Full Name	Promotion Choice.com			
	reet Address Rancho Santa			
City	San Diego	State CA	<b>Zip</b> <b>Code</b> 92067	Date [MM/DD/YYYY] \$ 9/15/17 9 135.37
Receipt Description	ordered stress balls but co		ss or ship when they were du	ue so refunded money back to account
Full Name				
	reet Address		-	1
City:	National Property of the Control of	State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description	\$ 12	Last Appendix and	Second Second Second	BCAN:
Full Name				
- C - C - C - C - C - C - C - C - C - C	eet Address			
City	and the state of t	State	Zip Code	Date [MM/DD/YYYYY] \$
Receipt Description		- 高級型を120mm		
Full Name				
	eet Address			
Gity	Committee of the commit	State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		France Value San Val	阿尔克克   阿尔克克克   阿尔克克克克克克克克克克克克克克克克克克克克克	
Full Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYYY] \$
Receipt Description				
Full Name	× ·			
	eet Address			
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		PSECSESSES 1507	(金)公安縣縣至2名公里	

#### SCHEDULE II

### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: EIN 82-09	978270		
	- NO 1 - VIII - 2		
1. MUNITEMIZED IN-KIND GONTRI	BUTIONS RECEIVED-VALUE OF \$5	ou.uu c	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50:01 TO \$250	).00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	147.50
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	M PAR	T·G)
TOTAL for the reporting period	(3)	\$	440.00
TOTAL VALUE OF IN VIND CONTRIDUTIO	THE DUBING THE DEPORTING		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)		\$ "	587.50

### SCHEDULE II

#### PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Number: EIN 82-0978270	

Full Name of Contributor			Date [MM/DD/YYYY]	\$
Douglas Huffman	1		6/16/17	147.50
¿House # Street Address			Date [MM/DD/YYYY]	\$
E Sou	uth St			
City	State PA	Zip Code 16407	Date [MM/DD/YYYY]	\$
Соггу		1000/		
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	<b>S</b>
			ž S	
House # Street Address			Date [MM/DD/YYYY]	\$
			ž	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	and .		Oscillosis	NA.
Description of Contribution				
Full Name of Contributor		-	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
	I I I I I I I I I I I I I I I I I I I			
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
			Date [MM/DD/YYYY]	
Full Name of Contributor			adaten wildy ady, in in	\$
			Date [MM/DD/YYYY]	\$
House # Street Address				**************************************
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	(15,500) (15,000) (15,000)			
Full:Name of Contributor			Date [MM/DD/YYYY]	**
			:	
House # Street Address		··· ·	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: EIN 82-0978270	 	

Full Name of Contributor	Date [MM/DD/YYYY] \$
Mary Davis	6/20/17 440.00 FMV
House:# Street Address  134 E Frederick St	Date [MM/DD/YYYY] \$
	The state of the s
City State Zip Code Corry PA 16407	Date [MM/DD/YYYY] \$
(Constitution Name)	Occupation Paties
	Retired  Description
Place of Business Notes	of made 11 t-shirts/11 polos mtrl \$168 Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House# Street Address	Date [MM/DD/YYYY] \$
Clty State Zip Code	Date [MM/DD/YYYY] \$
Employer Name:	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full: Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business:	Description of Contribution
Full Name of Contributor	/Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MIVI/DD/YYYY]. \$
Employer Name	Occupation
Employer Mailing Address // Principal Place of Business	Description of Contribution

# Statement of Expenditures

Filer identification Number: EIN 82-0978270	
EIN 82-0978270	

To Whom Paid	Date [MM/DD/YYYY] \$
Totally Promotional.com	8/13/17
House # 450 Street Address S 2nd St	Description of Expenditure
City Cleveland State OH Zip Gode 45828	Imprinted Koozies
To Whom Paid Promotion Choice.com	Date [MM/DD/YYYY] \$ 135.37
House # Street Address Rancho Santa Fe	Description of Expenditure
City San Diego State CA Code 92067	personalized black/orange stress balls
To Whom Paid	Date [MM/DD/YYYY] \$ 498,17
Signs on the Cheap	9/18/17
House # 11525A Street Address Stone Hollow Drive Suite 100	Description of Expenditure
City Austin State TX Zip Code 78758	100 Yard Signs
To Whom Paid	Date [MM/DD/YYYY] \$ 185.13
Promotion Choise.com	9/27/17
House # Street Address Rancho Santa Fe	Description of Expenditure
City: San Diego State CA Zip Gode 92067	Personalized green/white stress balls
To Whom Paid	Date [MM/DD/YYYY] \$
House'# Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date (MM/DD/YYYY) \$
Street Address	Description of Expenditure
City State Zip Code	
Te.Whom Paid:	Date [MM/DD/YYYY] 5
House # Street Address	Description of Expenditure
City State Zip Code	
'To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Code 1	

### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Use this Section to itemize all unpaid	debts and obligations which are outstanding at the one
Filer Identification Number: EIN 82-0978270	

				Outstanding Balance of Debt
Name of Credito		Denise M. Buell	DATE DEBT INCURRED	\$
House #	Stree	t-Address	[MM/DB/YYYY]	SELD-1982A
19039		Hillcrest Drive	3/31/17	
City		State	PA Zip 16407	100.00
Description of D		Segundary U.S.	(株式) (株式) (株式) (株式) (株式) (株式) (株式) (株式)	
		Loan to committee to start a checking account for the	Committee	Outstanding Balance of Debt
Name of Credito	or,	Denise M Buell	DATE DEBT INCURRED	\$
House #	Stre	t Address	[MM/DD/YYYY]	
19039		Hillcrest Drive	9/26/17	
City		Corry	PA Zip 16407	60.00
Description of D	Debt	- Paramero	- Aubito etrose balls because promotio	onal choice error but they refunded
	1.1	Loan committee wasn't sure if enough funds for gree Nut then sent can called ball order	SC OUMARA OF MONULY THE	Outstanding Balance of Debt
Name of Credit	or			
House#	Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
u e				
City		Stat		
			Code	
Description of	Debt			Outstanding Balance of Debt
Name of Credi	tor		DATE DEBT INCURRED	\$
House #	Štr	eet Address	[MM/DD/YYYY]	
			Connectic addition 2	
City		Sta	te Zip Code	
Description of	f Debt		Sept. 1 Translation , Conv. 1	
		2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Outstanding Balance of Debt
Name of Cred	litor 🕒 🗼		DATE DEBT INCURRED	
House #	St	eet Address	[MM/DD/YYYY]	
City	<u>  =</u>	St	ate Zip Code	
Description o	if Debt			ym dar yd
				Outstanding Balance of Debt
Name of Cree	ditor			
House #	Š	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
			1400 (1900)	
City		MAST 127.00	ate Zip Code	
	200-1		Code	
Description	or pept			